

For office use only: SP SNN app ref:

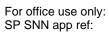
## Street Naming and Numbering Application Form

Public Health Act 1925, sections 17 to 19

Complete this form for a single, new address, e.g. for a single new build property or a barn conversion or similar.

SNN2: Single plot / conversion

Applicant of	letails					
Title:	First name:	Surname:				
Company name	e: (if applicable)	Client name: (if applic	able)			
House number name:	1	Road name:				
Locality (eg Mag	or):					
Town:		Postcode:				
Email:		Telephone:				
Planning applic	cation reference (see guidar	nce):				
Location de	tails for new builds ar	nd conversions				
Please provide	e a location plan; we will no	ot be able to process your applicatio	n without or	ie.		
Are you applyir	ng for a <b>CONVERSION</b> (	eg barn etc) or a 🗖 <b>NEW BUILD</b> ? (tid	k as appropriate	e)		
a) Does the pr	roperty share an access or o	driveway with another property?	☐ Yes	☐ No		
b) If <b>YES</b> to question (a), is the address as above (in <i>Applicant details</i> )?				☐ No		
If YES to question (a) but NO to question (b), please supply the address:						
House name /	/ number:	Road name:				
Locality (eg Ma	agor):					
Town:		Postcode:				
If NO to quest	ion (a), please provide the	following information:				
Road name (if	any) from which property is	accessed:				
	ne property is from an unn ur accompanying plan.	amed road, please ensure that the	access is cl	early		
Locality or villa	ge:	Town:				
Postcode of ne	earest property (if known):					
Grid reference:						
Any other information you think may assist us with locating your new / converted property:						





Property status					
a) Your new address will be added to Royal Mail's NYB file unless you can provide evidence that the property is ready to be occupied (see guidance)					
☐ I have attached e	vidence that the propert	y is completed; please add the address	to PAF.		
b) Is the property:					
☐ Commercial?	OR	☐ Residential?			
If the property is commercial, you may wish to satisfy yourself that it meets, or will meet the Royal Mail business address criteria (see guidance).					
Proposed property	names (minimum (	of 3, in order of preference)			
Please ensure you have read the attached guidance; if an unsuitable name is chosen, the process is likely to be delayed.					
1 <sup>st</sup> choice:		2 <sup>nd</sup> choice:			
3 <sup>rd</sup> choice:		4 <sup>th</sup> choice (optional):			
Declaration of own	ership				
	ne legal owner of the pro	perty OR			
☐ I confirm that I am a	cting on behalf of, and w	rith the consent of the owner of the prop	erty.		
Print full name(s):					
Signature(s):	nature(s): Date:				
A Line and a Donale	-4:				
Applicant's Declar	ation and payment				
Date of payment:	No. 1	□ p. 00 UD			
	Card Receipt no: WP	BACS: Ref no: HD	☐ Cheque		
Please note that we will not begin work on your application until your fee has been paid in full					
<ul> <li>I hereby apply for Street Naming and Numbering services as detailed in this application and declare that the information given on this form is correct and true to the best of my knowledge.</li> <li>I have read the guidance notes accompanying this application form;</li> <li>I enclose a detailed plan showing the location of access to the property;</li> </ul>					
<ul> <li>I have paid the fee by card and have written my receipt number in the relevant box (above); <i>OR</i></li> <li>I confirm that I have paid the fee by BACS and have written my reference no in the relevant box (above); <i>OR</i></li> <li>I enclose a cheque made payable to Monmouthshire County Council.</li> </ul>					
Print full name(s):					
Signature(s):		Date:			